## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

**Application or Docket Number** 111/561819

		CLAIMS	AS FILED (Colum	•	(Column 2)			SMALL EN	TITY	OR	Other than Small entity	
U.S. NATIONAL STAGE FEES			1	(- 3.2		(Column 2)	7.	RATE	FEE	7		7
BASIC FEE			SMALL ENT	SMALL ENT. = \$ 150		GE ENT. = \$ 300		BASIC FEE	, ree	-	RATE	FEE
EXAMINATION FEE				CT Article 33(1)		Other situations =	╢.			UR.	BASIC FEE	300
SEARCH FEE			(4) = \$50/8100 U.S. is ISA = \$50/8100 ALL other countries = \$ 200/8400		\$ 100 / \$ 200 All other situations =			EXAM. FEE		-	EXAM. FEE	200
					\$ 250 / \$ 500			SEARCH FEE			SEARCH FEE	400
	FOR EXTRA	<u> </u>	min	ninus 100 =		/ 50 =		X \$ 125 =		]	X \$ 250 =	
TO	TAL CHARGE	ABLE CLAIMS	20 mi	nus 20 =	٠. ٠			X \$ 25 =		OR	X \$ 50 =	1
	EPENDENT C		_ <u></u>	ninus 3 =	• 4	L		X \$ 100 =		OR	X \$ 200 =	800
		NDENT CLAIM PR		<del></del>				+ \$ 180 =		OR	+ \$ 360 =	-
° If	the difference	e in column 1 is	less than zero	, enter °0	in co	olumn 2		TOTAL		OR	TOTAL	1700
	<u> </u>	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS   HIGHEST						SMALL E	NTITY	OTHER THAN Y OR SMALL ENTITY		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	<u> </u>	Minus	##	<u>-</u>	=		X \$ 25 =		OR	X \$ 50 =	
	Independent	<u></u>	Minus	<del>ûû</del> û		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
							-	TOTAL ADDIT.		OR	TOTAL ADDIT.	
		(Column 1)		(Colum	ın 2)	(Column 3)						
		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	ń.	Minus	ůů		=	ſ	X \$ 25 =	***************************************	OR	X \$ 50 =	
	Independent	<b>#</b>	Minus	<del>aaa</del>		=		X \$ 100 =		or	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$ 180 =	-	OR	+ \$ 360 =	
							با	TOTAL ADDIT. FEE		OR .	TOTAL ADDIT. FEE	
	ine "Highest N	umn 1 is less than the umber Previously Pal	d For IN THIS SP	ACF is loss	than 120	1 3. D', enter "20".		BE:	ST AV	'AIL	ABLE C	:OPY

if the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". and if the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. FORM PTO-875 (Rev. 02/2005)